

Understanding the Dynamics of Old Age Population in Uttar Pradesh

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Abstract

Due to immense improvement in public facilities and public awareness across various section of population resulted to decline in both fertility and mortality; consequently a large pool of elderly population is formed. If a population is having such large size of elderly population, it requires special attention from society and individual as well. Though the elderlies are believed to be given much respect in both society and in family but still aged people are one of the most vulnerable sections of population in terms of their socio-economic and political concerns. The respect of aged people varies from family to family and from individual to individual. The nature and type of problems elderlies are facing is almost similar to the rest of the population is suffering from, but the way it should be tackled and dealt with, needed a different approach and efficiency.

1. Introduction

“Population ageing—the process by which older individuals become a proportionally large share of the total population—was one of the most distinctive demographic events of the twentieth century. It will surely remain important throughout the twenty-first century. Initially experienced by the more developed countries, the process has recently become apparent in much of the developing world as well. For the near future, virtually all countries will face population ageing, although at varying levels of intensity and in different time frames”¹.

While population ageing represents, in one sense, a success story for mankind (massive survival to old ages has become possible), it also poses profound challenges to public institutions that must adapt to a changing age structure. The first challenge is associated with the dramatic increase in the older retired and non-working dependent population relative to the shrinking population of working ages, which creates social and political pressure on social support systems. In most of the countries, rapid population ageing places a strong pressure on social security programs.² In the country like India where only 8.6 percent of total population is above 60 percent, situation has gone out of control to provide some of basic social securities to elderlies, if the elderly population increases, which is very obvious in coming future, then dependency of elderly population on population dividend will increase and thus will pose various threats and challenges to the policy makers to provide the better facilities and care to elderly people.

Population ageing is also a great challenge for the health care systems. As nations age, the prevalence of disability, frailty, and chronic diseases is expected to increase dramatically. Some experts raise concerns that the mankind may become a ‘global nursing home’. (Eberstadt, 1997).

As society is progressing on time scale, various traditional norms are breaking and eroding thus leads to the gradual marginalisation of elderly. This creates a social challenge where an elderly is struggling to prove his existence. An elderly is facing various kinds of insecurities within family and society and find himself mostly alone to deal with these insecurities. The concerns belong to elderly population is due to transition imposed on the society during the process of socio-economic development in Uttar Pradesh.

Uttar Pradesh is passing through the phase of institutional inefficiency where the funds and policies launched by the government to the betterment of the elderly population in the region is either insufficient or inefficient. This phenomenon is similar to the other failure story of the state in the different fields.

Uttar Pradesh consists of immense diversity and inequality in terms of place of residence, social group, gender, region etc. The problems related to elderly population aggravate on these lines, for example, an elderly of the rural area have more problems than the urban elderly residents and the elderly women who have a more challenging life than the male elderly.

¹ World Population Ageing: 1950-2050

<http://www.un.org/esa/population/publications/worldageing19502050/>

² Gavrilov L.A., Heuveline P. “Aging of Population.” In: Paul Demeny and Geoffrey McNicoll (Eds.), *The Encyclopaedia of Population*. New York, Macmillan Reference USA, 2003.

1.1 Data Source and Methodology

For the present study, data is taken from the Census of India 2001 and 2011 and Sample Registration System 1971 to 2013. Various variables which can present socio-economic dynamics of Old Age population are chosen from the data sources, and on the basis of the census of India 2011 data the composite index was calculated by standardizing the various variable values. Ageing Index and Dependency Ratio was also calculated for the study.

1.1.1 Demographic Transition in India

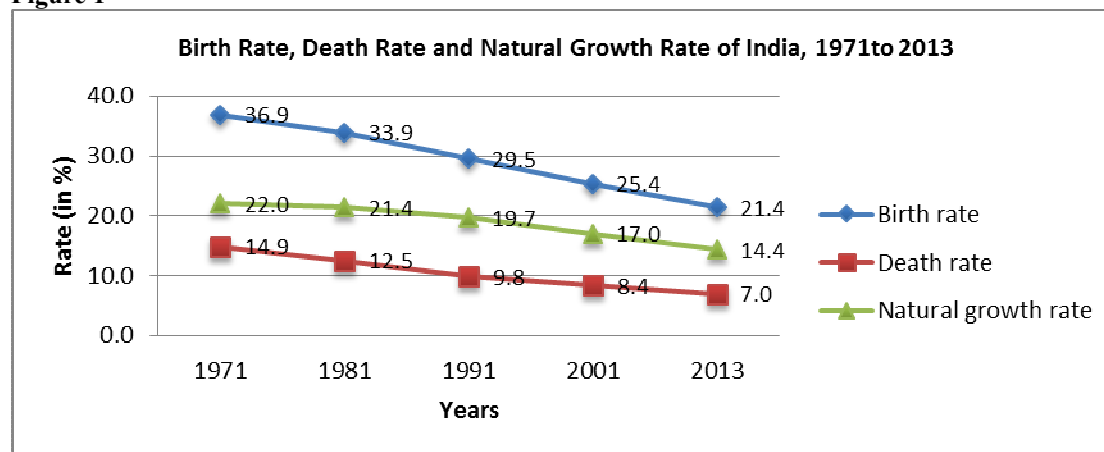
The first stage of demographic transition in India continued till about 1920 when both birth and death rate were very high. The second stage of demographic transition in the country began from the early 1920s and spread well up to early 1970s. During this period the major cause of high mortality due to famines and epidemics were brought under control and between 1921 and 1951, the country witnessed a gradual rise in population growth.

The third stage of demographic transition started during the late 1970s when birth rate also started declining. This trend continued during the 1980s and it is expected that in next couple

of decades there would be a faster decline in both birth rate and death rate. India will enter into the fourth stage of demographic transition by the year 2020. (RGI)

Premi (2009)¹ also, opines that in India the major states would achieve total fertility rate of 2.1 (equivalent to net reproduction rate of one). Kerala and Tamil Nadu have already achieved that goal. The states in this respect are Bihar, Chattisgarh, Jharkhand, Madhya Pradesh, Rajasthan, Uttar Pradesh and Uttaranchal where the goal of TFR of 2.1 is likely to be achieved by 2030. The difference in fertility and mortality rate will manifest themselves in differences in the pace of demographic transition and BIMARU states, Assam, Haryana, and Orissa will take 10 to 15 years longer to complete their demographic transition. States, in demographic transition (Visaria, L. and P. Visaria, 2003).² There are also rural-urban differentials in the pattern of ageing.

Figure 1



Source: Sample Registration System (SRS), 1971-2013

The decline in death rate during the 1970s was almost the same as the decline in birth rate leading to a plateau in population growth rate during 1960s and 1970s. Fig. 1.1 there has been a faster decline in birth rate than the decline in death rate during the 1990s. The major cause of high mortality was famines and epidemics. However, the pace of decline in fertility has been slower in the 1980s. The mortality rate has been declining at a faster pace in the 1990s. Continued decline in birth rate and death rates till 2009 has been due to development of medical facilities and improvement in the level of literacy particularly in the rural part of the country. Especially in the last two decades, the crude birth rate (CBR), although “still high has been showing a declining trend all over the country”. (Subramanian and James 2003)³

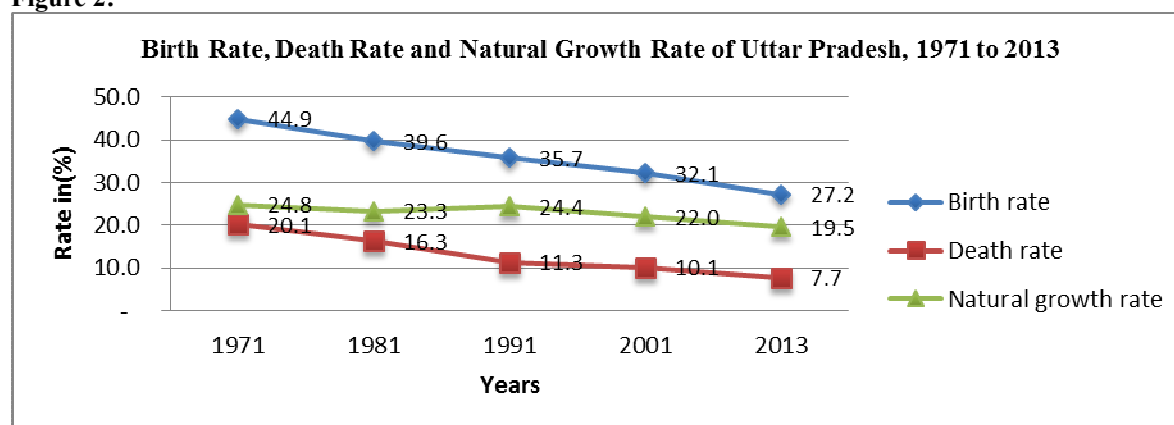
They have also analysed the impact of demographic transition in India. The first impact is observed in the age pyramid. The declining mortality rate would result in increased longevity of the people. Further, declining fertility would result in less number of people in the young ages. This would result in the increase the proportion of old age people.

¹ Premi, M.K., (2009), “India’s Changing Population Profile”, New Delhi. National BookTrust, pp202-203.

² Visaria, L. and P. Visaria, (2003). “Long-Term Population Projections for Major States, 1991-2101”, Economic and Political Weekly, No.38(45), Nov.8, pp63-75.

³ Subramanian, S.V. and James K.S, (2003). “Towards a Demographic Transition”. Economic and Political Weekly, Vol 38, No. 12/13, pp.19-29.

Figure 2:



Source: Sample Registration System (SRS), 1971-2013

The growth rate of the aged population increased almost continuously from the start of the transition. TFR higher than two will indicate that population will increase and TFR lower than two will result in the decrease the population (Karkal, M. 1999).¹ It is clearly seen that birth rates declined at a slower pace during the period from 1971-2013. Even in the states like Uttar Pradesh, birth rates have shown a drastic decrease 44.9 in 1972 to 27.2 per 1000 persons in 2013, a decline of almost 17.7 percent in almost four decades. It has continued to remain above 27 till 2013. Crude death rate (CDR) declined from 24.8 in 1971 to 7.7 in 2013 in Uttar Pradesh. Uttar Pradesh has always experienced a very high of death rate during the 1980s and 1990s, but the data shows a significant decline from about 20.1 per 1000 persons in 1971 to 12 in 1990 almost 8.1 point decline in two decades. Deaths rate were high due to poor diet, primitive conditions of sanitation and lack of preventive and curative medical facilities and several other factors in Uttar Pradesh. The decline in death rate was a result of better medical facilities and control over communicable diseases. Death rates continued to decline in the last two decades in India (Premi, M. K. 2009).² The process of demographic transition in Uttar Pradesh is far behind than that of southern states of India due to the lower socio-economic status of the people.

1.1.2 Composite index Analysis

Share of Disabled Persons, Ageing Index, Married women with no surviving children, Total Old Age Dependency Ratio, Share of 60+ Aged Population, Single old age share of total population, Total Work Force Participation Rate, Widowed Population, Never married Population, Share of Household with aged persons out of total Household, Share of Only Aged Person Household out of total Household with Aged People, Illiteracy Males, Illiteracy Females, Share of Non-Pensioners Out Of Total Aged Population, Share of Non-Pensioners Out Of Non-Workers, Share of households having No latrine facility within the premises, Share of households having No latrine facility within the premises, and Share of 60+Population without metric level of education are the underdevelopment indicators which are taken from the census data to analyse the region disparity of development mainly focusing on the old age population in the Uttar Pradesh.

These are under-developed indicators so the high value shows that least development and low value shows the high development.

Table 1: Categorization of districts on the basis of underdevelopment indicators

High Rank	Moderate Rank	Low Rank
Gautam Buddha Nagar (-39.12)	Mau (-1.13)	Balrampur (17.44)
Lucknow (-28.16)	Pilibhit (-0.20)	Siddharthnagar (17.61)
Ghaziabad (-25.58)	Deoria (0.08)	Shrawasti (19.19)

Source: Composite Index value calculated by author by using standardized method of Z-Score with the data of Census of India 2011.

Above table indicates that Gautam Buddha Nagar, Lucknow and Ghaziabad are good performing districts on the basis of selected indicators and Balrampur, Siddharthnagar, and Shrawasti are the on the bottom after calculating the composite index, Mau, Pilibhit and Deoria are in the middle and they have done average score on underdevelopment indices.

A large share of the elderly population in Uttar Pradesh lives in extremely poverty especially those resides in rural areas. The erosion of joint family system, migration of youths in search of jobs and facilities to the cities and increasing cost of health care are very pertinent concerns for the aged in Uttar Pradesh. The increasing number and proportion of elderly have a direct impact on the demand for health care services and

¹ Karkal, M. (1999), "Ageing and Women in India", Economic and Political Weekly, Vol 34, No. 44, pp 54-56.

² Premi, M.K., (2009), "India's Changing Population Profile", New Delhi. National BookTrust, pp202-203.

pension and social security system. The trend of the size and growth of the elderly population in the country indicate that ageing will become a major challenge in the future when the vast resource will be needed to support care and treatment of the old.

The study reveals that the population growth is more rapid among the older age groups in India and Uttar Pradesh. Though the percentage of elderly to the total population is estimated around 8.6 percent, their number increased from 37 million in 1951 to about 103.9 million in 2011 census in India. The 2011 census results indicate that in India, population ageing was highest in Kerala followed by Himachal Pradesh, Punjab, Haryana, Tamil Nadu, Andhra Pradesh, Orissa and Maharastra. These states have higher elderly population than that of the national average. The lowest percentage of the elderly population reported in North- Eastern region of the country.

The proportion of elderly is found higher in rural areas compared to urban areas in Uttar Pradesh. The proportion of the female elderly population is more than the males in India as well as Uttar Pradesh. The index of ageing has increased from 13.08 in 1991 to 20.2 in 2011. India's old age dependency (14.2 percent) is slightly higher in comparison to Uttar Pradesh old age dependency (13.9 percent). The highest percentage of aged is found in the Eastern region of the Uttar Pradesh, followed by Southern region and Central region.

Social problems such as the prolonged and high percentage of widowhood, social support, greater dependency among elderly population and especially elderly women will be affected much. Socio-economic support for older people is a critical area of intervention especially for those belonging to weaker section. Sex difference in marital status is the reflection of several underlying factors such as women living longer than men, women tending to marry older than themselves and the higher chance of remarriage among men. The literacy rate for the elderly is much lower, especially for women. Elderly women face more economic problems due to the relatively low pensions, fewer opportunities for employment, the death of spouse and difficulties faced in living arrangement. The rural elderly females who are socially, economically and educationally disadvantaged may suffer from such problems.

A higher proportion of the rural aged reported to have less income than their expenditure. As result, a large number of aged in the rural areas are economically dependent. Moreover, a much lower proportion of the aged in rural areas had savings. The economic status of the urban aged is clearly higher than the aged in rural areas of Uttar Pradesh.

Work participation rate of elderly population is higher in the Eastern region followed by, Southern region, and the Central region. The lowest work participation rate is found in Northern Upper Ganga plains.

The reduction in labour force participation of the elderly highlights their employment and income insecurity. The elderly have problems in rural areas with a large number of young people migrants to urban areas.

Health conditions of elderly tend to deteriorate with advancing age and very often due to neglect, poor economic status and social deprivation. Poverty and illiteracy worsen the health status and impact the health care of the elderly population. Generally, the health behaviour of older people has been found to be poor particularly in rural areas as compared to their urban counterparts.

The health condition of elderly in Uttar Pradesh is lower than the general population and they need care and family support. The proportion of elderly suffering from different chronic diseases is significantly higher among males than females. Due to lack of mobility, inadequate, accessible health care services and lack of familial and societal support the elderly are vulnerable to many psychological problems at older ages. Education has a significant role in determining the health status of the elderly. In Uttar Pradesh, illiterate people reported higher morbidity than the literate people. Marital status of elderly plays an important role in shaping the health status of elderly. Married elderly are in better health compared with the never-married and divorced or separated. The attempt has also been made to probe into the underlying reasons for the preference for the private health facility, although the public health facility is much cheaper. The present study indicates that Cardio-vascular diseases (CVD) account for one-third of the elderly mortality followed by respiratory disorders (about 10 percent) and infectious diseases such as tuberculosis and lung infections. Other diseases like, disability and gastro-intestinal have affected the pattern of diseases among the elderly population in Uttar Pradesh. Major challenges the societies face are how to maintain health and quality of life (QOL) of the elderly.

1.1.3 Conclusion

The process of population ageing in the country affected more to the southern part of the country, but in Uttar Pradesh seems as if it will take some more time to draw the attention to both planners and policy makers. But on the other hand, Uttar Pradesh has the largest elderly population in term of absolute numbers. This scenario indicates the both state and Central Government to draw the special attention towards the elderly population in Uttar Pradesh. The society and the members of the family need to be more sensitive towards the difficulties and challenges face by the elderly.

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